

A Solitary Osteochondroma of the Hamate bone - A case report -

Ho-Jung Kang, M.D., Eui-Hyun Park, M.D.,
Dong-Joon Shim, M.D., Soo-Bong Hahn, M.D.,
Eung-Shick Kang, M.D.

Department of Orthopedic Surgery, Yonsei University
College of Medicine, Seoul, Korea

Osteochondroma of the carpal bones are rare. We recently treated a male patient in whom this lesion arose from the hamate bone. This study was conducted to recognize the clinical patterns of this rare disease entity and to evaluate the diagnosing modalities. A 39-year-old male patient who had bony protrusion of the wrist was treated by excisional biopsy. A plain x-ray film revealed a bony protrusion related to the distal carpal row, and a computed tomography of the wrist showed it to arise from the hamate bone. Pathologic finding confirmed the diagnosis of osteochondroma. There is no pain and no evidence of recurrence in last follow up at 12 months after excision.

Key Words: Hamate, Osteochondroma, Excisional biopsy

38

5

7

1A-B).

(Fig. 2).

2.3×1.4×1.2 cm
(cartilage cap)

가

가

(Fig. 3).

12

(Fig.

4A-B).

1 %

2),

1



Fig. 1. A. Initial anteroposterior radiography of left wrist shows cancellous connection between hamate & capitate.
B. Initial radiography of left wrist shows well margined lesions (white arrow) on dorsal aspect of the carpal bone.

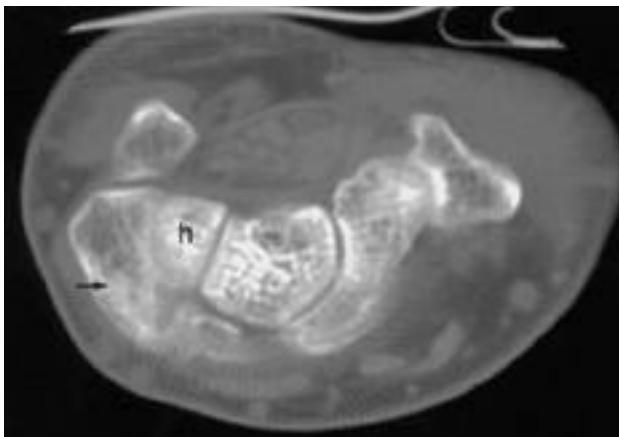


Fig. 2. Cancellous connection was found between mass and hamate (h) on computed tomography (black arrow).

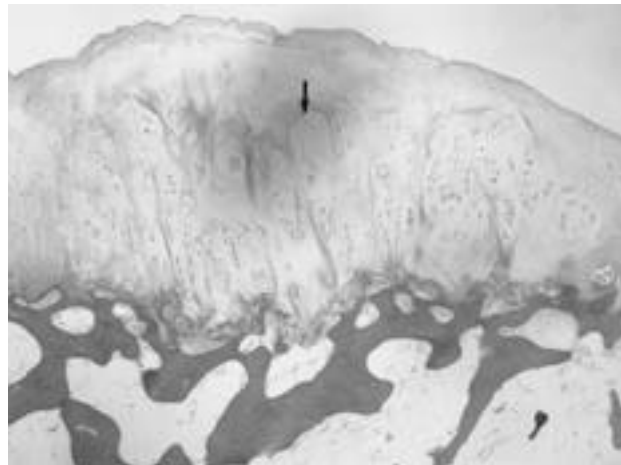


Fig. 3. Cartilageneous cap (black arrow) exhibiting hypocellularity and hypohromatic chondrocyte. The margin between cartilage cap and cancellous bone was clear (hematoxylin and eosin stain, $\times 100$).

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1891 Virchow가

1913 Muller

5)

(longitudinally)

(centrifugally)

가

1992

Malhotra

(developmental defect)

(true neoplasm)

2), 1983 Nora³⁾

(bizarre parosteal osteochondroma)

1996 Alphen¹⁾

(scaphoid)

, Rice⁴⁾

(carpal coalition)



Fig. 4. Postoperative radiograph shows clear margin between hamate and capitate.

A. The anteroposterior view of the left wrist.

B. The lateral view of the left wrist.

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